

# BEST AVAILABLE COPY

ISSUE SHEET STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	94.		12/7/99
O.I.P.E. CLASSIFIER	100	21	12/15/99
FORMALITY REVIEW	100	68971	12/27/99

## INDEX OF CLAIMS

Rejected N Non-elected  
 Allowed I Interference  
 (Through numeral) Canceled A Appeal  
 Restricted O Objected

Claim	Final	Original	Date
1	1	1	10/04
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Claim	Final	Original	Date
51	V	Y	10/04
52			10/05
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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